ISSUE SLIP STAPLE AREA (for additional cross references) POSITION 10. ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW** RESPONSE FORMALITY REVIEW MW **INDEX OF CLAIMS** Rejected Allowed Interference (Through numeral)... Canceled A Appeal Restricted O Objected Claim Date Claim Claim Final Original Final Original 6 V. | 7 V 9 1/1 10 🗸 12 VA 13 Vi

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If more than 150 claims or 10 actions staple additional sheet here